

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Howard
 Township Boonslick
 City (No. _____) _____ St. _____ Ward _____

Registration District No. 377
 Primary Registration District No. 5225

File No. 37783
 Registered No. 7

2. FULL NAME

Mary Lou Woods

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-37

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

13. NAME Phillip Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

15. MAIDEN NAME Georgia MacWilliams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

17. INFORMANT Mrs Phillip Woods
 (ADDRESS) Boonsboro, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Boonsboro DATE 10/2/37, 1937

19. UNDERTAKER A. S. Duncan
 (ADDRESS) New Franklin, Mo.

20. FILED Oct 3, 1937 Mrs. Elizabeth Chipley
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/2/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1937, to _____, 1937

I last saw him alive on 10-2, 1937 Death is said

to have occurred on the date stated above, at 10:12 a.m.

The principal cause of death and related causes of importance were as follows:

Cholera Infantum
malnutrition

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? h.c.t. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. B. Brown, M. D.

(Address) Payson, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

